

Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

COVER PAGE - LONG FORM

FILE
Date Stamp
MAR 05 2003

CALIFORNIA
FORM 460

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A For Official Use Only

REGISTRAR OF VOTERS
By *[Signature]* Deputy

COPY

Statement covers period
from 01/12/2003
through 02/07/2003

Date of Election If applicable:
(Month, Day, Year)
01/28/2003

1. Type of Recipient Committee:

- ☒ Officeholder, Candidate Controlled Committee ☐ Ballot Measure Committee
☒ State Candidate Election Committee ☐ Primarily Formed
☐ Recall ☐ Controlled
☐ Sponsored
☐ General Purpose Committee ☐ Primarily Formed Candidate Officeholder Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

2. Type of Statement: POST-ELECTION

- ☐ Pre-election Statement ☐ Quarterly Statement
☐ Semi-annual Statement ☒ Special Odd-Year Report
☐ Termination Statement ☐ Supplemental Pre-election Statement - Attach Form 495
☒ Amendment (Explain below)

Sch F amended to add accrued
expenses

3. Committee Information

I.D. NUMBER
1243639

COMMITTEE NAME

Bill Campbell for Supervisor

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY

[Redacted]

STATE

[Redacted]

ZIP CODE

[Redacted]

AREA CODE/PHONE

[Redacted]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL FAX/E-MAIL ADDRESS

() /

Treasurer(s)

NAME OF TREASURER

Corliss Delameter

MAILING ADDRESS

[Redacted]

CITY

[Redacted]

STATE

[Redacted]

ZIP CODE

[Redacted]

AREA CODE/PHONE

[Redacted]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

()

OPTIONAL FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

02/26/03

DATE

Executed on

3/1/03

DATE

Executed on

DATE

Executed on

DATE

By

[Signature]

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By

[Signature]

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee
Campaign Statement
Cover Page - Part 2

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee 6. Ballot Measure Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Bill Campbell

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

County Supervisor, District, District 3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP CODE

Related Committees Not Included in this Statement: *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Campaign Disclosure Statement
Summary Page

SUMMARY PAGE

Statement covers period
from 01/12/2003
through 02/07/2003

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NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER

1243639

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 30,059.00	\$ 33,949.00
2. Loans Received Schedule B, Line 7	0.00	10,000.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 30,059.00	\$ 43,949.00
4. Non-monetary Contributions Schedule C, Line 3	2,297.62	3,074.62
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 32,356.62	\$ 47,023.62

Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received \$	37,122	0
21. Expenditures Made \$	73,328	0

Expenditures Made

6. Cash Payments Schedule E, Line 4	\$ 32,386.38	\$ 57,181.33
7. Loans Made Schedule H, Line 7	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 32,386.38	\$ 57,181.33
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	24,240.55	44,038.14
10. Nonmonetary Adjustment Schedule C, Line 3	2,297.62	3,074.62
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 58,924.55	\$ 104,294.09

Expenditure Limit Summary for State
Candidates

22. Cumulative Expenditure Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 6,892.07
13. Cash Receipts Column A, Line 3 above	30,059.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	32,386.38
16. ENDING CASH BALANCE Lines 12 + 13 + 14, then subtract Line 15	\$ 4,564.69

If this is a Termination Statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b) \$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	\$ 54,038.14

Schedule F
Accrued Expenses (Unpaid Bills)

SCHEDULE F

Statement covers period from 01/12/2003 through 02/07/2003	CALIFORNIA FORM 460 Page 24 of 28 ID NUMBER 1243639
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NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PQS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
American Express [REDACTED] [REDACTED]	, Reception	0.00	7,567.57	0.00	7,567.57
Cingular Wireless [REDACTED] [REDACTED]	OFC	215.26	491.57	215.26	491.57
Clover Communications [REDACTED] [REDACTED]	LIT	0.00	1,350.00	0.00	1,350.00
SUBTOTALS \$		215.26 \$	9,409.14 \$	215.26 \$	9,409.14

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for payments for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTAL...** \$ 43,872.27

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTAL...** \$ 19,631.72

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET:** \$ 24,240.55

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

SCHEDULE F (CONT.)

Statement covers period from <u>01/12/2003</u> through <u>02/07/2003</u>	CALIFORNIA FORM 460 Page <u>25</u> of <u>28</u> I.D. NUMBER <u>1243639</u>
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NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

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Copy Right [REDACTED]	LIT	0.00	85.26	0.00	85.26
Corliss Delameter [REDACTED]	PRO	1,389.43	0.00	1,389.43	0.00
Diane Stone & Associates [REDACTED]	CNS	5,358.21	0.00	5,358.21	0.00
G. Strahan & Associates [REDACTED]	LIT	4,538.45	1,510.97	4,538.45	1,510.97
SUBTOTALS \$		11,286.09 \$	1,596.23 \$	11,286.09 \$	1,596.23

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

SCHEDULE F (CONT.)

Statement covers period from 01/12/2003 through 02/07/2003	CALIFORNIA FORM 460 Page 26 of 28 I.D. NUMBER 1243639
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Jan Murdock [REDACTED] [REDACTED]	FND	377.12	0.00	377.12	0.00
Lea Petersen [REDACTED] [REDACTED]	FND	600.00	0.00	0.00	600.00
Mailing Systems Inc. [REDACTED], [REDACTED] [REDACTED]	LIT	201.60	0.00	201.60	0.00
Mary Campbell [REDACTED] [REDACTED]	POS	370.00	0.00	370.00	0.00
SUBTOTALS \$		1,548.72	\$ 0.00	\$ 948.72	\$ 600.00

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

SCHEDULE F (CONT.)

Statement covers period from <u>01/12/2003</u> through <u>02/07/2003</u>	CALIFORNIA FORM 460 Page <u>27</u> of <u>28</u> I.D. NUMBER <u>1243639</u>
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Maxcomm Technologies Inc./PoliticalCalling.com [REDACTED] [REDACTED]	PHO	1,902.00	804.96	1,902.00	804.96
Morrison & Burke [REDACTED] [REDACTED]	CMP	4,340.03	0.00	4,340.03	0.00
Pacific Bell [REDACTED] [REDACTED]	OFC	505.49	38.04	505.49	38.04
Phillip Barry Greer Attorney at Law [REDACTED] [REDACTED]	PRO	0.00	30,573.15	0.00	30,573.15
SUBTOTALS \$		6,747.52 \$	31,416.15 \$	6,747.52 \$	31,416.15

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

SCHEDULE F (CONT.)

Statement covers period from 01/12/2003 through 02/07/2003	CALIFORNIA FORM 460 Page 28 of 28
I.D. NUMBER 1243639	

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

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The Pacific Club [REDACTED] [REDACTED]	FND	0.00	1,016.62	0.00	1,016.62
SUBTOTALS \$		0.00 \$	1,016.62 \$	0.00 \$	1,016.62